

# City of Annapolis

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## CAMPAIGN FUND REPORT

**IMPORTANT**  
**READ INSTRUCTIONS ON BACK**  
**BEFORE COMPLETING FORM**

- (A) \_\_\_\_\_  
Name of Candidate or Name of Committee as filed with the election office      Office      Ward
- (B) Bank Account Information  
1. Checking Account \_\_\_\_\_  
2. Other Accounts \_\_\_\_\_  
Bank Name      Account No.
- (C) Type of Report & Transaction Period from:  
Transactions from \_\_\_\_\_, 200\_\_\_\_ Through \_\_\_\_\_, 200\_\_\_\_

7/1/06	Deadline for campaign finance report non election year
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## **SUMMARY OF RECEIPTS AND DISBURSEMENTS**

- (D) Cash Balance - Beginning of transaction period ..... \$ \_\_\_\_\_  
(E) Receipts from Schedule 1, Column 4 ..... \$ \_\_\_\_\_  
(F) Proceeds from Schedule 2, Column 4 ..... \$ \_\_\_\_\_  
(G) Total Cash Available (Add D and E and F) ..... \$ \_\_\_\_\_  
(H) Disbursements from Schedule 3:  
Column 3..... \$ \_\_\_\_\_  
Column 4..... \$ \_\_\_\_\_  
Column 5..... \$ \_\_\_\_\_  
(I) Total Disbursements ..... \$ \_\_\_\_\_  
(J) Cash Balance - End of transaction period (Subtract line I from line G) ..... \$ \_\_\_\_\_  
(K) Total Outstanding Obligations from Schedule 4 ..... \$ \_\_\_\_\_  
(L) In-Kind Contributions from Schedule 5, Column 4 ..... \$ \_\_\_\_\_

**FAILURE TO PROVIDE ALL THE INFORMATION REQUIRED BY THIS FORM**  
**WILL BE REGARDED AS A FAILURE TO FILE**

Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. (If report of candidate, candidate and treasurer must sign report; if committee, treasurer and chairman must sign report.)

_____ CANDIDATE	_____ DATE
_____ TREASURER	_____ DATE
_____ CHAIRMAN OF COMMITTEE OR SLATE	_____ DATE

# INSTRUCTIONS - SUMMARY SHEET - PAGE 1

NAME OF CANDIDATE OR COMMITTEE - State complete fund name or committee name.

TRANSACTION PERIOD - Indicate time period transactions cover (transactions through and including the day the petition is filed with the city council).

TYPE OF REPORT - Indicate type of report. The report may not be final as long as any cash balance, deficit or outstanding debt (including loans) exist.\*

CASH BALANCE - All initial reports should have a zero opening balance, and subsequent reports should have a beginning balance equal to the closing balance of preceding reports.

RECEIPTS FROM SCHEDULE 1 - Enter total receipts for transaction period from schedule 1, Column 4.

LOANS AND TRANSFERS - Enter total proceeds for period from Schedule 2, Column 4.

TOTAL CASH AVAILABLE - Enter total for the transaction period.

DISBURSEMENTS FROM SCHEDULE 3 - Enter totals of each column from schedule 3.

TOTAL DISBURSEMENTS - Total of columns 3, 4 and 5 from schedule 3 for transaction period.

CASH BALANCE - END OF TRANSACTION PERIOD - This amount should equal bank balance and the beginning balance for next report.

TOTAL OUTSTANDING OBLIGATIONS FROM SCHEDULE 4 - Insert total from Column 4.

IN-KIND CONTRIBUTIONS FROM SCHEDULE 5 - Insert total from Column 4.

SIGNATURES - All reports must bear two signatures. Improperly signed reports will be considered incomplete.

\*If the cash balance, deficit, and outstanding debt (including loans) have been eliminated and no further activity will occur, the report must be clearly marked "FINAL." Failure to do so will cause the election office to believe that there will be further activity, continued reporting will be required and subject to daily late fees.

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**SCHEDULE 1 - Contributions and Receipts**  
 (EXCLUDING TRANSFERS, LOANS AND IN-KIND CONTRIBUTIONS)

(A) Name of Candidate or Committee \_\_\_\_\_

(B) Report Period - Transactions from \_\_\_\_\_, 200\_\_ through \_\_\_\_\_, 200\_\_

(1)	(2)	(3)			(4)
DATE RECEIVED	COMPLETE NAME AND RESIDENCE ADDRESS OF PAYOR	DESCRIPTION OF RECEIPT SEE INSTRUCTIONS FOR CODE			AMOUNT
		Code	If ticket (T) Price per ticket \$	Check # Cash Rcpt #	
		Aggregate amount received from Payor to Date: \$			
		Code	If ticket (T) Price per ticket \$	Check # Cash Rcpt #	
		Aggregate amount received from Payor to Date: \$			
		Code	If ticket (T) Price per ticket \$	Check # Cash Rcpt #	
		Aggregate amount received from Payor to Date: \$			
		Code	If ticket (T) Price per ticket \$	Check # Cash Rcpt #	
		Aggregate amount received from Payor to Date: \$			
		Code	If ticket (T) Price per ticket \$	Check # Cash Rcpt #	
		Aggregate amount received from Payor to Date: \$			

TOTAL THIS PAGE \$ \_\_\_\_\_

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# **INSTRUCTIONS - SCHEDULE 1 - Contributions and Receipts**

**THIS FORM IS USED TO REPORT ALL FUNDS RECEIVED FROM ANY SOURCE; EXCLUDING TRANSFERS, LOANS AND "IN-KIND" CONTRIBUTIONS. (TRANSFERS AND LOANS ARE TO BE REPORTED ON SCHEDULE 2. IN-KIND CONTRIBUTIONS ARE TO BE REPORTED ON SCHEDULE 5.)**

- A. Insert name of Fund or Committee.
- B. Indicate time period transactions cover.

Column 1 - List DATE CONTRIBUTION OR MONEY RECEIVED

Column 2 - COMPLETE NAME AND RESIDENCE ADDRESS OF PAYOR - If corporation, give name and address of corporation.

Column 3 - DESCRIPTION OF RECEIPT - CODE, PRICE PER TICKET, CHECK OR CASH - Identify type of receipt using codes below. If Code (T) is used, indicate price per ticket. Indicate whether receipt was cash or check. Also, list check number and receipt number, if any.

- C CONTRIBUTIONS OF CASH OR CHECK
- T TICKETS - list price per ticket
- I ITEMS SOLD - list total gross sales
- R REBATES, REFUNDS OR DISCOUNTS
- O OTHER - items not covered above. If this code is used a description is required

Column 3 - AGGREGATE RECEIVED FROM PAYOR TO DATE - If prior funds have been received from the contributor, record the total of all amounts received to date from such individual or organization.

Column 4 - AMOUNT - Report the amount received from source in Column 2 for the report period.

TOTAL AMOUNTS in Column 4 at bottom of page

DO NOT NUMBER PAGES until report is completed

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**SCHEDULE 2 - Loans and Transfers**

(A) Name of Fund or Committee \_\_\_\_\_

(B) Report Period - Transactions from \_\_\_\_\_, 200\_\_ through \_\_\_\_\_, 200\_\_

-1	-2	-3	-4
DATE RECEIVED	COMPLETE NAME AND ADDRESS OF LENDER OR TRANSFEROR	DESCRIPTION LOAN OR TRANSFER	AMOUNT
		Aggregate amount of loan or transfer: \$	
		Aggregate amount of loan or transfer: \$	
		Aggregate amount of loan or transfer: \$	
		Aggregate amount of loan or transfer: \$	
		Aggregate amount of loan or transfer: \$	
		Aggregate amount of loan or transfer: \$	

TOTAL THIS PAGE \$ \_\_\_\_\_

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## **INSTRUCTIONS - SCHEDULE 2 - Loans and Transfers**

THIS FORM IS USED TO REPORT ALL FUNDS FROM LOANS AND TRANSFERS

A. Insert name of Fund or Committee.

B. Indicate time period transactions cover.

Column 1 - List date proceeds of loan or transfer were received.

Column 2 - List complete name and address of lender or transferor.

Column 3 - Describe whether proceeds are from loan or transfer. Also, aggregate proceeds of all loans or transfers from this source.

Column 4 - Report the amount of loans or transfers from this source for the report period.

TOTAL AMOUNTS in Column 4 at bottom of page.

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# **SCHEDULE 3 - Disbursements**

(A) Name of Fund or Committee \_\_\_\_\_

(B) Report Period - Transactions from \_\_\_\_\_, 200\_\_ through \_\_\_\_\_, 200\_\_

(1)	(2)	(3)		(4)	(5)	
DATE	PAYEE AND ADDRESS	SALARIES AND ALL PAYMENTS OTHER THAN LOAN PAYMENTS		LOAN PAYMENTS	TRANSFERS TO OTHER FUNDS (CANDIDATE OR COMMITTEE NAME REQUIRED)	AMOUNT
		CODE	AMOUNT			
			Check # Cash Rcpt. #	Check # Cash Rcpt. #	Check # Cash Rcpt. #	
			Check # Cash Rcpt. #	Check # Cash Rcpt. #	Check # Cash Rcpt. #	
			Check # Cash Rcpt. #	Check # Cash Rcpt. #	Check # Cash Rcpt. #	
			Check # Cash Rcpt. #	Check # Cash Rcpt. #	Check # Cash Rcpt. #	
TOTALS THIS PAGE						

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## **INSTRUCTIONS - SCHEDULE 3 - Disbursements**

- A. Insert name of Fund or Committee.
- B. Indicate time period transactions cover.

Column 1 - DATE OF DISBURSEMENT

Column 2 - PAYEE AND ADDRESS - Provide complete name and address of payee.

Column 3 - SALARIES AND ALL PAYMENTS OTHER THAN LOAN PAYMENTS - Record in this Column all disbursements not recorded in Column 4 or 5. Identify all such expenses by reference to ONE of the following CODES:

S	SALARIES AND PAYROLL TAXES
C	COMPENSATION FOR PERSONAL SERVICES
CO	CONTRIBUTIONS TO CANDIDATES OR COMMITTEES
FE	FIELD EXPENSES - gas, meals, etc.
B	BROADCASTING
PL	PUBLICITY - literature, advertising, bill boards, etc.
R	RENT
OS	OFFICE SUPPLIES AND EXPENSES
P	POSTAGE
F	FUNDRAISING EXPENSES
O	OTHER - items not covered above. If this code is used a description is required.

Column 4 - LOAN PAYMENTS - Record in this Column all payments of loans.

Column 5 - TRANSFERS TO OTHER FUNDS - Record in this Column all funds which are being transferred to another fund. Name and address of treasurer required in Column 3, name of fund or committee and amount in Column 5.

For each disbursement list check number or receipt number, if available.

TOTALS THIS PAGE - Record totals at bottom of Columns 3, 4 and 5 respectively.

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(A) Name of Fund or Committee \_\_\_\_\_

(B) Debts as of \_\_\_\_\_, 200 \_\_\_\_\_

[illegible]

TOTAL THIS PAGE \$ \_\_\_\_\_

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## **INSTRUCTIONS - SCHEDULE 4 - Outstanding Debts**

ALL DEBTS, INCLUDING LOANS, WHICH ARE UNPAID AS OF THE DATE OF THIS REPORT  
MUST BE RECORDED ON SCHEDULE 3.

- A. Insert name of Fund or Committee.
- B. Indicate time period transactions cover.

Column 1 - NAME AND ADDRESS - Record complete name and principal address of person or firm to whom debt or loan is owed.

Column 2 - DESCRIPTION OF DEBT - State purpose of debt, or if loan so state.

Column 3 - DATE DEBT INCURRED - Indicate date debt was incurred.

Column 4 - AMOUNT - Total amount due.

TOTAL Column 4 at bottom of page.

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**SCHEDULE 5 - In-kind Contributions**

(A) Name of Fund or Committee \_\_\_\_\_

(B) Report Period - Transactions from \_\_\_\_\_, 200\_\_ through \_\_\_\_\_, 200\_\_

(1)	(2)	(3)	(4)
DATE	NAME AND ADDRESS OF CONTRIBUTOR	DESCRIPTION OF IN-KIND CONTRIBUTION	FAIR MARKET VALUE (During this report period)

TOTAL THIS PAGE \_\_\_\_\_

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## **INSTRUCTIONS - SCHEDULE 5 - In-kind Contributions**

A. Name of candidate or committee as registered with election office.

B. Indicate time period transactions cover.

Column 1 - DATE IN-KIND CONTRIBUTION RECEIVED

Column 2 - NAME AND ADDRESS OF CONTRIBUTOR - List full name and residence address of contributor

Column 3 - DESCRIPTION OF IN-KIND CONTRIBUTIONS - List the nature of any gift or service, i.e., use of office space, automobiles, aircraft, boats, mobile units or any valuable thing or service made available for use by the candidate, committee or representative of any political party to be used in promoting or aiding the success or defeat of any candidate, political party, principal or proposition submitted to a vote at any election

Column 4 - FAIR MARKET VALUE - List the approximate fair market value of this gift or service.

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